

shp 11/01/11

Work Order ID 68039



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Tuesday, April 05, 2011 3:11:51 PM

| | | | | | | |
|----------------|---|------------|------|-------|---------------|--|
| Item ID: | D206-797-024 | Accept | | Setup | Start | |
| Revision ID: | | | | | Stop | |
| Item Name: | Heli-Utility Basket, Light Weight Lid, RH | | | | | |
| Start Date: | 4/5/2011 | Start Qty: | 1.00 | | Cust Item ID: | |
| Required Date: | 4/15/2011 | Req'd Qty: | 1.00 | | Customer: | |
| Reference: | | | | | | |

| | | | | | | | | | | | |
|------------|---------------|--|-------|----------|------------|--|-------|--|-----|-------|--|
| Approvals: | Process Plan: | | Date: | 11-03-11 | Tooling: | | Date: | | Run | Start | |
| | QC: | | Date: | | SPC (Y/N): | | Date: | | | Stop | |

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

| Draw Nbr | Revision Nbr | | | | | | | | |
|----------------|--------------|--|--|--|--|--|--|--|--|
| IIN-D206-797-2 | A | | | | | | | | |

| | | | | | | | | | |
|------------------|--|------|--|--|--|--|--|--|--|
| 100 | | 0.00 | | | | | | | |
| | DOCUMENT CONTROL | | | | | | | | |
| DC | Memo | 0.00 | | | | | | | |
| Document Control | Photocopy bluefile & type labels per PPD206-797-024 CHG001 | | | | | | | | |

Subtotal

for CL 11-4-11

| | | | | | | | | | |
|-----------|---|------|--|--|--|--|--|--|--|
| 110 | Pick Kit | 0.00 | | | | | | | |
| | | | | | | | | | |
| Packaging | Memo | 0.00 | | | | | | | |
| Packaging | ****Mask label plate to size of D4307 label, use scotchbrite red pad to lightly sand area for label, apply label **** | | | | | | | | |

Copy 11-4-11

| | | | | | | | | | |
|-----------------|---|------|--|--|--|--|--|--|--|
| 115 | QC5- Inspect part completeness to step on W/O | 0.00 | | | | | | | |
| | | | | | | | | | |
| QC | Memo | 0.00 | | | | | | | |
| Quality Control | ***Inspect label on lid*** | | | | | | | | |

11/4/11

| W/O: | | WORK ORDER CHANGES | | | | | |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE | By | Date | Qty | Approval Chief Eng / Prod Mgr | Approval QC Inspector |
| | | | | | | | |
| | | | | | | | |

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

| NCR: | | WORK ORDER NON-CONFORMANCE (NCR) | | | | | | |
|------|------|----------------------------------|-----------------------------|---------------------------------|----------------|---------------------------|-----------------------|--------------------------|
| DATE | STEP | Description of NC Section A | Corrective Action Section B | | | Verification Section C | Approval Chief Eng | Approval QC Inspector |
| | | | Initial Chief Eng | Action Description Chief Eng | Sign & Date | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

NOTE: Date & initial all entries

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Item ID: D206-797-024

Accept



Setup Start



Revision ID:

Stop



Item Name: Heli-Utility Basket, Light Weight Lid, RH

Start Date: 4/5/2011 Start Qty: 1.00



Cust Item ID:

Required Date: 4/15/2011 Req'd Qty: 1.00

Customer:

Reference:

Run Start



Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Stop



QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

120

QC4- 100% Inspect kits for completeness

0.00

Setup 4/17

(70)



QC

Memo

0.00

Quality Control

130

~~Pick Kit~~

0.00



Packaging

Memo

0.00

Packaging

Identify and pack for shipping as per PPP D206-797-024
Location: _____
PPP rev: _____

60.4/4/19

140

QC21- Final Inspection - Work Order Release

0.00



QC

Memo

0.00

Quality Control

11/4/19
MF 11.0419

| W/O: | | WORK ORDER CHANGES | | | | | |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE | By | Date | Qty | Approval Chief Eng / Prod Mgr | Approval QC Inspector |
| | | | | | | | |
| | | | | | | | |

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

| NCR: | | WORK ORDER NON-CONFORMANCE (NCR) | | | | | | |
|------|------|----------------------------------|-----------------------------|---------------------------------|----------------|---------------------------|-----------------------|--------------------------|
| DATE | STEP | Description of NC Section A | Corrective Action Section B | | | Verification Section C | Approval Chief Eng | Approval QC Inspector |
| | | | Initial Chief Eng | Action Description Chief Eng | Sign & Date | | | |
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NOTE: Date & initial all entries

Picklist Print

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Page 1

Work Order ID: 68039

Parent Item: D206-797-024

Parent Item Name: Heli-Utility Basket, Light Weight Lid, RH

Start Date: 4/5/2011

Required Date: 4/15/2011

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev:A 10.11.29 new issue DD verf:JLM
11.02.10 as per IIN rev.A DD verf:JLM

IPP Rev:B

| Component Item ID/ Item Name | Replacement Item ID | Mfg/ Purch | Bin Item | Primary Location | Last Location | Route Seq ID | Unit of Measure | Qty on Hand | Qty per Kit | Total Qty | Qty Issued | Date Issued | Status |
|---|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| D206-797-211 Basket Mounting Installation | | Manufactured | No | | | 110 | Each | 0.0000 | 1 | 1 | | | |
| D4272-014 Basket Assembly, Lightweight Lid, RH | | Manufactured | No | | | 110 | Each | 0.0000 | 1 | 1 | | | |
| D4307-268 Placard, Max Load | | Manufactured | No | | | 110 | Each | 8.0000 | 1 | 1 | | | |

Location

ST139

66327

Loc Qty

8

8

Loc Code

N/A 11.04.15
addition A4272-014

| W/O: | | WORK ORDER CHANGES | | | | | |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE | By | Date | Qty | Approval Chief Eng / Prod Mgr | Approval QC Inspector |
| | | | | | | | |
| | | | | | | | |

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

| NCR: | | WORK ORDER NON-CONFORMANCE (NCR) | | | | | | |
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| DATE | STEP | Description of NC Section A | Corrective Action Section B | | | Verification Section C | Approval Chief Eng | Approval QC Inspector |
| | | | Initial Chief Eng | Action Description Chief Eng | Sign & Date | | | |
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NOTE: Date & initial all entries